

OFFICE USE ONLY		
Payment amount: _____	<input type="checkbox"/> Check	Check No.: _____
Date: _____	<input type="checkbox"/> Cash	
Initial		

## All Saints Catholic Parish

**2017-18 Faith Formation Enrollment Form    Grades K through 12**

Part I – Contact Information	Please Print and Fill Out Complete Form
Father's Full Name: _____	Religion: _____
Mother's Full Name: _____	Religion: _____
Mother's Maiden Name: _____	
Mailing address: _____ _____	Home Phone: _____
	Mom's Cell Phone: _____
	Dad's Cell Phone: _____
Parent's email address:    1. _____    2. _____	
In an emergency, if I cannot be reached at home or on my cell phone, then contact: Name: _____ Phone: _____	

Part II – Student Information
First Child's Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____ Religious Ed. Grade 2017-18: _____ School Grade 2017-18: _____
Date of Baptism: _____ Name of Church, City and State: _____
My child has received First Eucharist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs (Learning Disabilities, Allergies, etc.) _____ _____

Second Child's Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: _____ Religious Ed. Grade 2017-18: _____ School Grade 2017-18: _____
Date of Baptism: _____ Name of Church, City and State: _____
My child has received First Eucharist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs (Learning Disabilities, Allergies, etc.) _____ _____

## Part II – Student Information (continued)

Third Child's Name: \_\_\_\_\_ Gender:  M  F  
Date of Birth: \_\_\_\_\_ Religious Ed. Grade 2017-18: \_\_\_\_\_ School Grade 2017-18: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_ Name of Church, City and State: \_\_\_\_\_  
My child has received First Eucharist:  Yes  No  
Special Needs (Learning Disabilities, Allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_

Fourth Child's Name: \_\_\_\_\_ Gender:  M  F  
Date of Birth: \_\_\_\_\_ Religious Ed. Grade 2017-18: \_\_\_\_\_ School Grade 2017-18: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_ Name of Church, City and State: \_\_\_\_\_  
My child has received First Eucharist:  Yes  No  
Special Needs (Learning Disabilities, Allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_

Information Material will be mailed to both parties, if necessary, but billing statements will only be mailed to one, please indicate which address here:  Mother's  Father's  
Mailing communication method preferred: \_\_\_\_\_ or  paper copy.  
Email address

### PHOTO RELEASE

Please understand that your child(ren) may be photographed/videotaped during Religious Education activities for use in parish presentations and promotional material. If you do **NOT** want your child photographed/videotaped please contact the Religious Education office to sign a waiver.

### VOLUNTEER

We need your help. Please consider volunteering in the Religious program as one of the following. If interested check below:

Aide  Substitute Catechist  Catechist

As a legal parent/guardian I confirm that I have read, understand and answered all of the information on this form honestly and accurately to the best of my ability.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_